	<b>AVAILABLE</b>	<b>B</b> E
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Application or Docket Number

Effective October 1, 2001 $09/831 \ge 0/$										(		
CLAIMS AS FILED - PART (Column 1)				SMAL (Column 2) TYPE			LL ENTITY OR			OTHER THAN		
TOTAL CLAIMS							RAT	E	FEE		RATE	FEE
FOR			NUMBER FILED		NUMBE	ER EXTRA	BASIC	FEE	370.00	OR	BASIC FEE	740.00
TOTAL CHARGEABLE CLAIMS			3 minus 20=		*	2	X\$ 9	)=		OR	X\$18=	1
INDEPENDENT CLAIMS			→ minus 3 =		* /	* /		=		OR	X84=	
MULTIPLE DEPENDENT CLAIM PRESENT							+140	<u>,                                    </u>		OR	+280=	
* If the difference in column 1 is less than zero, enter "0" in colum					olumn 2	TOTA			OR OR	TOTAL		
CLAIMS AS AMENDED - PART II								- 1		I -''	OTHER	THAN
	(Column 1) (Column 2)					(Column 3)	SMA	LL E	NTITY	OR .	SMALL	
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVIO PAID	IBER OUSLY	PRESENT EXTRA	RAT	E	ADDI- TIONAL FEE	·	RATE	ADDI- TIONAL FEE
NDM	Total	*	Minus	**		=	X\$ 9	)=	,	OR	X\$18=	9
4ME	Independent	*	Minus	***		=	X42	=		OR	X84=	
	FIRST PRESE	NTATION OF MU	JLTIPLE DE	PENDEN.	CLAIM		+140	<u>,_</u>		OR	+280=	
							TO	TAL			TOTAL	
		(Column 1)		(Colu	mn 2)	(Column 3)	ADDIT. F	FEE		10''	ADDIT. FEE	
AENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVI	HEST MBER OUSLY FOR	PRESENT EXTRA	RAT	E	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
MON	Total	*	Minus	**		=	X\$ 9	)=		OR	X\$18=	
AME	Independent	*	Minus	***	T CL AU	=	X42	=		OR	X84=	
ٺ	FIRST PRESE	NTATION OF M	ULTIPLE DE	CUDEN	i CLAIM	<u> </u>	+140	)=		OR	+280=	
							TO ADDIT, I	TAL		OR	TOTAL ADDIT. FEE	
		(Column 1)		(Colu	ımn 2)	(Column 3)	ADDI1. 1	, LL		-	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVI	HEST MBER IOUSLY D FOR	PRESENT EXTRA	RAT	Έ	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
N N	Total	*	Minus	**		=	X\$ 9	}=		OR	X\$18=	
ME	Independent	*	Minus	***		=	X42	_		OR	X84=	<u> </u>
Ľ	FIRST PRESE	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						<u>,</u>		OR	+280=	<b>.</b> .
*	If the entry in colu	ımn 1 is less than t ımber Previously P	he entry in col	umn 2, writ	te "0" in co	lumn 3.	+140 TO	TAL		OR	TOTAL	

<sup>\*\*\*</sup>If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

## BEST AVAILABLE COPY

## PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2000

Application or Docket Number

09/831201

CLAIMS AS FILED - PART I (Column 1) (Column 2)							SMALL ENTITY TYPE			OTHER THAN OR SMALL ENTITY		
TOTAL CLAIMS		1				i	RATE	FEE	)   	RATE	FEE	
FOR			NUMBER F	U ED	NUMB	NUMBER EXTRA		BASIC FEE	1121	OR	BASIC FEE	
		-	<del>2 ·                                     </del>		NOWBEREXITA			400	UH			
TOTAL CHARGEABLE CLAIMS			minus 20= *					X\$ 9=		OR	X\$18=	
<u> </u>	EPENDENT CL			nus 3 =				X40=		OR	X80=	
MULTIPLE DEPENDENT CLAIM PRESENT								+135=		OR	+270=	
* If the difference in column 1 is less than zero, enter "0" in column 2							TOTAL	430	OR	TOTAL		
CLAIMS AS AMENDED - PART II										•	OTHER	THAN
_	The second secon	(Column 1)	Transportation of the second	(Colu		(Column 3)		SMALL		OR	SMALL	
AMENDMENT-A		CLAIMS REMAINING AFTER AMENDMENT		NUM PREVI	HEST MBER OUSLY FOR	PRESENT EXTRA		RATE .	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
NDN	Total	. 6	Minus	**		=		X\$ 9=		OR	X\$18=	
AME	Independent	· (	Minus	***	T OL AIN4	=		X40=		OR	X80=	
<u> </u>	FIRST PRESE	NTATION OF M	ULTIPLE DEF	ENDEN	I CLAIM	ا ا	۱	+135=		OR	+270=	
							ı	TOTAL		OR	TOTAL ADDIT. FEE	-,
		(Column 1)		(Colu	mn 2)	(Column 3)		ADDIT. FEE			ADDII. PEE	
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVI	HEST MBER OUSLY FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE	,	RATE	ADDI- TIONAL FEE
NDN	Total	•	Minus	**		=		X\$ 9=		OR	X\$18=	
ME	Independent	*	Minus	***		=		X40=		OR	X80=	
Ľ	FIRST PRESE	ESENTATION OF MULTIPLE DEPENDENT CLAIM					╽┟			UH		
	•							+135=		OR	+270=	
							,	TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE	
	The same to the sa	(Column 1)			mn 2)	(Column 3)						
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		NUM PREVI	HEST MBER OUSLY FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
NON	Total	•	Minus	**		=		X\$ 9=		OR	X\$18=	
ME	Independent	*	Minus	***		=		X40=			X80=	
	FIRST PRESE	NTATION OF M	ULTIPLE DEF	PENDEN.	T CLAIM		<b>∐</b>			OR	7.00-	- 1
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.										OR	+270=	
**	f the "Highest Nu	mber Previously Pa	aid For" IN THI	S SPACE	is less tha	n 20. enter "20."	" <i>-</i>	TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE	
***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."  The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.												